

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

In areas served by a Child Advocacy Center, investigations must be coordinated with the center if the center is willing to work with this allegation

- A) The Child Protection Specialist and Supervisor shall consult to assess whether the child victim should be medically examined.
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Required Documentation

A) Option A

Documentation of statements made by any involved law enforcement officials, Child Protection staff or clinicians regarding risk to the alleged victim based on the perpetrator's history. Such documentation must verify that there was a previous indication or conviction of sexual abuse of a minor and/or the perpetrator is a registered sex offender, and that the perpetrator has had recent or periodic/ongoing inadequately supervised contact with the alleged victim.

A) Option B

Documentation or verification that the victim at risk of sexual injury is residing in the same household as the victim and/or the perpetrator of a pending allegation of specific sexual abuse that is being indicated.

B) Option C

Documentation of statements made by witnesses to a very young child's highly sexualized behavior *and* documentation of an expert opinion, via forensic evaluation or clinical consultation, that the child's sexualized behavior is symptomatic of past sexual abuse.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

C) Option D

Documentation verifying that the person living in the home has child pornography in his or her possession and/or is involved in the making and/or distribution of child pornography and as an eligible perpetrator has either unsupervised access to children or is allowed unrestricted access to children.

D) Option E

Documentation of statements made by witnesses of the alleged perpetrator's suggestive and/or inappropriate (sexualized) behavior towards the child.

F) Detailed child statement, if the child is verbal, alleging substantial risk of sexual injury. If a FI was conducted, the documentation should include copies of the notes taken at the interview, or a copy of the interview summary provided by the CAC.

G) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Final Finding

Factors to consider include:

Option A

- What was the frequency/severity of the first offense or offenses?
- What was the length of time since the original conviction or indicated report?
- If there was a conviction involving an adult or child victim, what were the ages of the child and perpetrator?
- What are the ages of the perpetrator's original victim and current alleged victim?
- What is the relationship of the original victim to offender?
- What was the alleged perpetrator's length of time with current alleged victims?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- Is there documentation of any treatment received by the alleged perpetrator?
- What is the age, emotional and developmental issues of the current alleged victims that affect their ability to disclose self-protective information?
- What is the current legal status of offender (outside protection)?
- Are there other protective adults in home that limits the offender's access to the child victim?

Option C

- Is the behavior/information substantially outside the developmental norms? Use consultation if needed in order to make an informed determination.
- Is there sexual activity between the victim and children who are not peers or regular playmates?
- Is there preoccupation with sex/sexual behavior to the exclusion of other regular childhood activities?
- Is the sexual behavior/knowledge evidenced in public or does the child appear to be unable to stop (behavior appears compulsive) despite clear requests to stop/punishment?
- Is the knowledge/behavior increasing in frequency, intensity, etc.?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #40/90

HUMAN TRAFFICKING OF CHILDREN

a) Definition

Human Trafficking

Federal law defines severe forms of trafficking in persons (Human Trafficking) as: “*sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.*” [U.S.C. §7102(8)]

For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present.

Incidents of Maltreatment

- Labor exploitation (ABUSE).
- Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexually explicit performance) (ABUSE).
- Blatant disregard of a caregiver’s responsibilities that resulted in a child being trafficked. (NEGLECT).

b) Taking a Report

The reporter/source/OPWI must have reason to believe that human trafficking resulted from one or more of the following:

- 1) A direct action of a parent, caregiver, immediate family member, other person residing in the home, a parent’s paramour, or other person responsible for the child’s welfare (ABUSE);
- 2) The failure of the parent, caregiver, immediate family member, other person residing in the home, the parent’s paramour, or other person responsible for the child’s welfare to make reasonable efforts to stop an action by another person which resulted in internal injuries (ABUSE); or
- 3) The blatant disregard of the responsibilities of a parent/caregiver, or other person responsible for a child’s welfare at the time of incident that resulted in the trafficking of a child (NEGLECT).

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Note: A person under the age of 18 suspected of or charged with a prostitution offense shall be immune from prosecution for a prostitution offense and shall be subject to the temporary protective custody provisions of Sections 2-5 and 2-6 of the Juvenile Court Act of 1987. Pursuant to the provisions of Section 2-6 of the Juvenile Court Act of 1987, a law enforcement officer who takes a person under 18 years of age into custody under this section shall immediately report an allegation of a violation of Section 10-9 of this Code to SCR, which shall commence an investigation into child abuse or child neglect within 24 hours, pursuant to Section 7.4 of the Abused and Neglected Child Reporting Act.

3) **Factors to be considered when taking a report: (All factors need not be present when taking the report.)**

- The child's age and cognitive development.
- The child's inability to attend school on a regular basis due to actions of a perpetrator;
- The child who is a runaway;
- The child makes references to frequent travel to other cities;
- The child makes reference to being coerced into performing illegal activities;
- The child is employed or performs work inappropriate for their age.
- The child is not compensated for work performed;
- The child has been isolated from family, friends, religious institutions or other sources of support and protection;
- The child and/or child's family has been threatened with physical harm, deportation or being reported to law enforcement;
- The child shows signs of moderate to severe physical harm.
- The child appears withdrawn, depressed or fearful.
- The child lacks control over his or her schedule.
- The child lacks control over his or her identification documents; or
- The child is often hungry or appears malnourished.
- The child is inappropriately dressed for the weather or other physical conditions.
- The child refers to or shows signs of drug addiction and/or exposure to drug manufacture or trafficking.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Additional factors that may indicate sex-related trafficking include the following:

- The child has a sudden change in attire, behavior, or material possessions (e.g., has expensive items, dresses provocatively or has unaccounted for money);
- The child makes reference to having a “pimp”;
- The child makes references to sexual situations that are beyond age-specific norms;
- The child uses or makes reference to the terminology of the commercial sex trade.
- The child has an adult “boyfriend” or “girlfriend” who is significantly older; or
- The child engages in sexually provocative behaviors, is promiscuous and/or has unprotected sex with multiple partners.
- The child’s possession of or access to pornographic and/or sexualized content on social media and/or online sources.

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

Note: All alleged victims of allegation 40/90 MUST be interviewed at the local CAC. If a DCFS office does not have access to a CAC the Child Protection Specialist shall request a joint interview with law enforcement.

Note: If the allegation is human trafficking by neglect, an effort must be made to identify who trafficked the child.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

In areas served by a Child Advocacy Center, investigations must be coordinated with the center if the center is willing to work with this allegation

- A) A medical examination of the child is required for this allegation, if the child has been sexually trafficked. In a hospital setting, the Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- B) Report the suspected incident of trafficking to the FBI Violent Crimes Against Children Task Force at 312-421-6700.
 - C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 3) Required Documentation
- A) Documentation that a child under 18 years of age has been recruited, abducted, transported, harbored, or provided for the purpose of labor exploitation and/or commercial sexual exploitation.
 - B) To make a finding of abuse (**Allegation #40**), documentation has been obtained that verifies that the child was trafficked as a result of a direct action of the perpetrator, or the perpetrator has admitted to trafficking the child. The Child Protection Specialist and Child Protection Supervisor must review documentation to ensure report findings do not conflict.
 - C) To make a finding of neglect (**Allegation #90**), documentation has been obtained that verifies the child was trafficked as a result of blatant disregard by an eligible perpetrator.
 - D) Detailed victim statement alleging human trafficking. If an FI was conducted, the documentation should include copies of the notes taken at the interview, or a copy of the interview summary provided by the CAC.
 - E) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 4) Assessment of Factors and Evidence to Determine a Final Finding
- A) What are the ages of the involved children?
 - B) Does the child have a medical condition, behavioral, mental or emotional problem, or other disability or handicap that would impact his or her potential for being trafficked?
 - C) Is there a pattern of similar instances of human trafficking with this child or other children for whom the parent/caregiver is or has been responsible?
 - D) Was an instrument or weapon used on the victim or was the victim threatened with an instrument or weapon?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- E) Is there a history of abuse and/or neglect that is verifiable in official records or has substantial corroboration from other credible sources.
- F) What are the relationship dynamics between the victim and the parent/caregiver? Does the child express fear or mistrust of the parent/caregiver? Does the parent/caregiver appear to be appropriately concerned about the child's welfare and protection?
- G) Is there any support system in place for the victim and the parent/caregiver?
- H) Identify any issue of substance abuse or the manufacture/distribution of illegal drugs, that involves the child, parent/caregiver, other household members, or others who are frequently in the home.

Note: While force, fraud, or coercion need not be present for the purposes of investigating child abuse/neglect, they may be present. Examples of force, fraud or coercion may include any of the following:

- Threats of serious harm to the child and/or child's family;
- Physical restraint or threats of restraint to the child; or
- Exposure to violent or intimidating acts towards other children
- Promoting and coercing drug and/or alcohol dependency;
- False promises to the victim (e.g., reunification with family; citizenship, or eventual independence);
- Withholding of basic needs, such as food and shelter;
- Threats of deportation or other legal processes;
- Destruction, confiscation or concealment of any identification document belonging to the child (e.g., passport, immigration document, or any other government issued identification);
- Extortion or financial control of the child and/or child's family by the threat or act of causing monetary harm.

REPORTS OF CHILD ABUSE AND NEGLECT
October 9, 2015 – PT 2015.23

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REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #74

INADEQUATE SUPERVISION

a) Definition

Inadequate Supervision

Inadequate Supervision means a child has been placed in a situation or circumstances which are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate.

Examples include, but are not limited to:

- Leaving children alone when they are too young to care for themselves;
- Leaving children who have a condition that requires close supervision alone. Such conditions may include medical conditions, behavioral, mental, or emotional problems, or developmental or physical disabilities;
- A caregiver being present but unable to supervise because of an impairment or some other condition. This includes: (1) the parent or caregiver who repeatedly uses drugs or alcohol to the extent that it has the effect of producing a state of stupor, unconsciousness, intoxication or irrationality; and (2) the parent or caregiver who cannot adequately supervise the child because of a medical condition, behavioral, mental, or emotional problems, or developmental or physical disability;
- Leaving a child unattended in a place that is unsafe for them, taking into consideration the child's maturity, physical condition, and mental abilities; or
- Leaving children in the care of an inadequate or inappropriate caregiver, as indicated by the caregiver factors above.

b) Taking a Report

- 1) A child is inadequately supervised due to the blatant disregard of caregiver responsibilities by a parent or other person responsible for the child's welfare (NEGLECT).

- 2) Factors to be considered include:

The following factors should be considered when determining whether a child is inadequately supervised:

A) Child Factors

- i) The child's age and developmental stage, particularly as it relates to the ability to make sound decisions in the event of an emergency.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- ii) The child's physical condition, as it affects the child's ability to care for or protect him or herself. Example: Is the child physically or mentally handicapped, or in need of ongoing prescribed medical treatment, such as periodic doses of insulin or other medications?
 - iii) The child's mental abilities, particularly as it relates to the ability to comprehend the situation.
- B) Caregiver Factors
- i) Presence or Accessibility of Caregiver
 - How long would it take the caregiver to reach the child?
 - Can the caregiver see and hear the child?
 - Is the caregiver accessible to the child by telephone?
 - Has the child been given access to a telephone and numbers to call in the event of an emergency?
 - Has the caregiver contacted the child to check on the safety of the child?
 - ii) Caregiver's Capability
 - Is the caregiver mature enough to assume responsibility for the situation?
 - Does the caregiver depend on assistance to care for self or child?
 - Does the child assume primary care giving duties (i.e. meal preparation, laundry, grocery shopping, and transportation) for him/herself or others?
 - iii) Caregiver's Physical Condition
 - Is the caregiver physically able to care for the child? Does the caregiver's own health significantly impair his/her ability to ensure the care and well-being of the child?
 - iv) Caregiver's Cognitive and Emotional Condition
 - Is the caregiver able to use appropriate judgments on the child's behalf?
 - Does the caregiver show signs of confusion, memory loss or mental impairment?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

C) Incident Factors

- i) What is the frequency of occurrence?
- ii) What is the duration of the occurrence as related to the “child factors” above?
- iii) What is the time of day or night when the incident occurs?
- iv) What is the location where the child was left without supervision? (e.g., left in a car; left at home alone)
- v) What were the weather conditions, including whether the minor was left in a location with adequate protection from the natural elements?
- vi) Were there other supporting persons overseeing the child? Was the child given a telephone number of a person or location to call in the event of an emergency and whether the child was capable of making an emergency call?
- vii) Was the child left food and other provisions?
- viii) Are there other factors that may endanger the health and safety of the child?

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

- A) In cases where there are non-verbal children and there is an anonymous reporter, an interview must be conducted with an individual (collateral) who has, or would likely have information of the family situation and/or reported incident.
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor’s decision must be documented in a supervisory note.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

There are no additional activities specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- 3) Required Documentation
 - A) Documentation and/or evidence that a child was inadequately supervised.
 - B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 4) Assessment of Factors and Evidence to Determine a Finding

Factors include the following:

 - i) What is the age of the involved child or children?
 - ii) Does the child have a medical condition, behavioral, mental or emotional problem, or disability that impacts his or her ability to protect him or herself?
 - iii) Is there a pattern of similar instances with this child or other children for whom the caregiver has been responsible?
 - iv) What is the severity of the physical condition of the environment? Identify the specifics of the situation that may include the caregiver being intoxicated and unable to supervise the child; the caregiver's age or physical condition that prevents the caregiver from caring for the child; and all environmental factors of the environment which present a risk or safety threat to the child.
 - v) Is there a previous history of abuse and/or neglect? Identify and document prior history and thoroughly review Department files, criminal history, and anecdotal information before considering this a factor. Seek and document corroboration for anecdotal information. A current report involving the same subjects of an unfounded report shall not be indicated solely on the basis of the prior unfounded report.
 - vi) What dynamics are present between the child and the parent? Identify the child's level of fear of the caregiver. Does the caregiver appear to be concerned about child's welfare and protection? Is there an appropriate parent-child relationship?
 - vii) What is the level of stress/crisis in the home? Is the home environment positive or chaotic?
 - viii) Is an appropriate support system in place for the child and the caregivers? Are there supportive people in the home?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #75

ABANDONMENT/DESERTION

a) Definition

Abandonment

Abandonment is conduct by a parental/legal guardian that demonstrates the purpose of relinquishing all parental/legal rights and claims to the child. Abandonment is also defined as any parental or caregiver conduct which evinces a settled purpose to forego all parental/legal claims to a child.

Desertion

Desertion is any conduct on the part of a parent or legal guardian which indicates that they have no intention, now or in the future, to maintain any degree of interest, concern or responsibility for the child. Desertion includes leaving a child with no apparent intention to return, unless the child has been left in the care of a relative.

Note: This excludes any child relinquished in accordance with the Abandoned Newborn Infant Protection Act (Safe Haven Act) [325 ILCS 2].

Examples of abandonment/desertion include, but are not limited to, parents/legal guardians who:

- Leave a baby on the doorstep;
- Leave a baby in the garbage can;
- Leave a child with no apparent intention to return; or
- Leave a child with an appropriate caregiver but fail to resume care of the child, as agreed, and the caregiver cannot or will not continue to care for the child.

b) Taking a Report

A child has been abandoned and/or deserted due to the blatant disregard of caregiver responsibilities by a parent, caregiver, or other person responsible for the child's welfare. (NEGLECT).

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

A) The Child Protection Specialist in consultation with the Child Protection Supervisor shall determine if the child needs a medical examination. The Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Documentation Required

A) There is documented evidence that the child has been abandoned or deserted.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

There are no additional factors specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #76 INADEQUATE FOOD

a) Definition

Inadequate Food

Inadequate food means that there is a lack of food to adequately sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis.

Examples of inadequate food include, but are not limited to:

- The child who frequently and repeatedly misses meals or who is frequently and repeatedly fed insufficient amounts of food;
- The child who frequently and repeatedly asks neighbors for food and other information substantiates that the child is not being fed; and
- The child who is frequently and repeatedly fed unwholesome foods when his age, developmental stage, and physical condition are considered.

b) Taking a Report

- 1) A child has not received/is not receiving adequate food due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)
- 2) Factors to be considered include:
 - A) Child Factors
 - i) What is the child's age and developmental stage?
 - ii) What is the child's physical condition as it relates to the need for a special diet?
 - iii) What are the child's mental abilities, particularly as it relates to his or her ability to obtain and prepare his own food?
 - B) Incident Factors
 - i) What is the frequency of the occurrence?
 - ii) What is the duration of the occurrence?
 - iii) What is the chronicity or pattern of occurrence?
 - iv) What is the availability of adequate food?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

c) Investigating a Report

1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

There are no additional contacts specific to this allegation.

3) Documentation Required

A) There is evidence that documents that a child is receiving insufficient or inadequate food.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

Factors to consider include:

i) What age is the involved child or children?

ii) Does the child have a medical condition; behavioral, mental or emotional problem; or disability or handicap that impacts a child's diet or ability to feed themselves?

iii) What is the frequency, severity and duration of the neglect?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #77

INADEQUATE SHELTER

a) Definition

Inadequate Shelter

Inadequate shelter means there is a lack of shelter that is safe and able to protect a child from the elements.

Examples of inadequate shelter include, but are not limited to:

- No housing or shelter;
- Condemned housing;
- Exposed, frayed wiring;
- Housing with structural defects which endanger the health or safety of the child;
- Housing with indoor temperatures consistently below 50 degrees F;
- Housing with broken windows in sub-zero weather;
- Housing that is an obvious fire hazard; and
- Housing with an unsafe heat source that poses a fire hazard or threat of asphyxiation.

b) Taking a Report

The reporter/source has reason to believe that a child is being inadequately sheltered due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)

c) Investigating a Report

1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

There are no additional activities specific to this allegation.

3) Required Documentation

- A) Documented observations that demonstrate that a child's living conditions are inadequate to the point the child's health and safety may be impaired due to the blatant disregard of the parent/caregiver. Documentation must cite specific inadequacy of the shelter.
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

Factors to be considered include:

- What is the child's age and developmental stage?
- What is the child's physical condition, particularly when the inadequate shelter may aggravate it?
- What are the child's mental abilities, particularly as it relates to the child's ability to comprehend the dangers posed by the inadequate shelter?
- What is the seriousness of the problem?
- What is the frequency of the problem?
- What is the duration of the problem?
- What is the pattern or chronicity of the problem?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #78 INADEQUATE CLOTHING

a) Definition

Inadequate Clothing

Inadequate clothing means a lack of appropriate clothing to protect the child from the elements or the wearing of inadequate clothing results in injury to the child.

b) Taking a Report

- 1) A child is/has been inadequately clothed due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)
- 2) Factors to be considered include:
 - What is the frequency of the incident?
 - What is the duration of the incident?
 - What is the chronicity or pattern of occurrence?
 - What are the weather conditions such as extreme heat or extreme cold?

c) Investigating a Report

1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

There are no additional activities specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

3) Required Documentation

- A) Documented evidence (observations and/or photographs) that demonstrates that the child's clothing is inadequate to the point that the child's health and safety may be impaired.
- B) There has been a thorough and specific identification and documentation of clothing issues which pose harm or significant risk of harm to the child as well as documentation of the parent's blatant disregard and failure to take precautionary measures.
- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

Factors to consider include:

- i) The child's age and developmental stage, particularly as it relates to the ability to make judgments regarding appropriate clothing.
- ii) The child's physical condition, particularly as it relates to conditions that may be aggravated by exposure to the elements.
- iii) The child's mental abilities, particularly as it relates to his or her ability to obtain appropriate clothing.
- iv) What is the frequency of the incident?
- v) What is the duration of the incident?
- vi) What is the chronicity or pattern of occurrence?
- vii) What are the weather conditions such as extreme heat or extreme cold?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #79

MEDICAL NEGLECT

a) Definition

Medical or Dental Treatment

- 1) Treatment is the administration of a remedy to address a health condition.

Lack of medical or dental treatment for a health problem or condition that, if untreated or not treated as prescribed, could become severe enough to constitute serious or long-term harm to the child; lack of follow-through on a reasonable prescribed medical or dental treatment plan for a condition that could become serious enough to constitute serious or long-term harm to the child if the treatment or treatment plan goes unimplemented.

- 2) Management is the practice of providing care of a medical condition.

Lack of medical or dental management for a health problem or condition that, if unmanaged or not managed as prescribed, could become severe enough to constitute serious or long-term harm to the child.

Lack of proper or necessary health care recognized under State law as necessary for the child's well-being.

Proper and necessary preventive health care to include preventive health care, such as HIV and newborn screening tests that place children at serious risk of illness due to lack of early detection and treatment.

Health care professionals providing or managing treatment include physicians, physician assistants, nurse practitioners, nurses, dentists, physical therapists, infant development specialists and nutritionists.

b) Taking a Report

- 1) A child has not/is not receiving proper and necessary medical or dental care as defined above due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)
- 2) Factors to be considered include:
 - A) The child's age particularly as it relates to the ability to obtain and implement treatment.
 - B) What is the seriousness of the child's current health concern or condition?
 - C) What is the child's physical condition?
 - D) What is the child's developmental level/capacity?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- E) If the child's current health problem is not treated, what is the seriousness of the outcome?
- F) What are the generally accepted health benefits of the prescribed treatment?
- G) What are the generally recognized side effects/harms associated with the prescribed treatment?
- H) For the purposes of child protection services, the administration of silver nitrate or ophthalmic solution and vitamin K shots or pills to newborns is considered medically necessary. Calls received at SCR concerning a parent or guardian denying consent for the administration of these treatments shall be taken as reports of medical neglect.

Note: If a physician notifies SCR that temporary protective custody has been taken because the parent/caregiver's religious beliefs do not permit them to consent to necessary medical care, such information must be transmitted by the physician to the local State's Attorney's Office. No investigation will be taken unless there is additional information supporting other allegations of abuse or neglect.

c) Investigating a Report

- 1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

- 2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

- A) A medical examination of the child is required for this allegation and shall not be waived if the child is an infant, is non-verbal, or is developmentally delayed. In a hospital setting, the Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- 3) Required Documentation
 - A) After the definition of medical neglect is read to the medical professional making the diagnosis, documented medical diagnosis that the child was medically neglected and all relevant medical records, including prescription refill history if the neglect is a result of failure to provide necessary prescription medications..
 - B) To make a finding of neglect (**Allegation #79**), a medical opinion has been obtained and it is determined the child was medically neglected as a result of blatant disregard by an eligible perpetrator.
 - C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 4) Assessment of Factors and Evidence to Determine a Finding
 - A) Factors to consider include:
 - What is the child's health condition?
 - What is the seriousness of the child's current health condition?
 - What is the probable medical and seriousness of the outcome if the current health condition is not treated?
 - What are the generally accepted health benefits of the prescribed treatment/management?
 - What are the generally recognized side effects/harms associated with the prescribed treatment/management?
 - What is the judgment of the treating physician regarding whether treatment/management is medically indicated and whether there is credible evidence of medical neglect?
 - Was the parent informed of the above and what is the parent's ability to understand and/or carry out the treatment/management plan?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

B) A medical or dental provider states or there is evidence to support that the child's medical treatment/management plan is not being followed by the parent/caregiver and/or:

- A medical provider or other professional collateral states concerns about the behavior of the parent/caregiver associated with his or her willingness to follow or continue to follow the child's medical treatment/management plan, and that the situation has or will result in medical consequences for the child: and/or
- There are conflicting medical opinions concerning the appropriate care for the child; and/or
- There is disagreement concerning the rights of the parent/caregiver to choose specific medical treatment/management plans.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #81

FAILURE TO THRIVE (NON-ORGANIC)

a) Definition

Failure to Thrive

Failure to thrive is a serious medical condition most often seen in children less than one year of age, but can occur in children up to 3 years of age. The child's weight, height, weight for length, and motor development fall significantly short of the average growth rates of normal children (i.e., below the fifth percentile). Failure to thrive is the failure to achieve expected growth. More precisely, the medical problem is that the child is malnourished. The severity of the malnutrition must be assessed by the medical provider using appropriate growth charts.

In a small percentage of failure to thrive cases there is an organic cause such as a serious kidney, heart, or intestinal disease, a genetic error of metabolism or brain damage. Commonly, in non-organic failure to thrive there is a disturbed parent/child relationship that manifests itself as physical and emotional neglect of the child. Diseases or medical conditions (organic) that cause growth failure and psychosocial reasons (non-organic) that cause growth failure are often found concurrently so there needs to be consideration of multifactorial conditions.

b) Taking a Report

- 1) A child has failure to thrive syndrome as a result of the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)
- 2) Factors to be considered include:
 - A) The child's weight is below the fifth percentile of the normal range for a child of that age; or the child's weight has dropped more than two major percentiles; but substantial weight gain occurs when the child is properly nourished and nurtured, such as when hospitalized;
 - B) The child exhibits improved motor development when there is adequate feeding and appropriate stimulation; and
 - C) Medical examination provides no evidence that disease or medical abnormality is the sole cause for the symptoms;

Note: It must be taken into consideration that, when assessing potential Failure to Thrive reports and conducting investigation of a child suspected of suffering from Failure to Thrive, that Failure to Thrive is a multifactorial condition and the existence of an organic cause does not preclude an accompanying non-organic cause.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

c) Investigating a Report

1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

A) A medical examination of the child is required for this allegation and shall not be waived if the child is an infant, is non-verbal, or is developmentally delayed. In a hospital setting, the Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Documentation Required

A) Documented medical diagnosis that the child is failure to thrive (non-organic) and all relevant medical records.

Note: Verification must be obtained whether the child was premature at birth and whether prematurity was considered in the diagnosis.

B) Verify the child's weight is below the fifth percentile of the normal range but substantial weight gain occurs when the child is properly nourished and nurtured.

C) Document whether the child exhibits improved motor development when there is adequate feeding and appropriate stimulation.

D) If possible, identify a probable cause for failure to thrive (non-organic) (e.g. disturbed parent-child relationship).

E) To make a finding of neglect (**Allegation #81**), documentation has been obtained that verifies the child is Failure to Thrive (non-organic) as the result of blatant disregard by an eligible perpetrator.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

F) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

There are no additional factors specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #82

ENVIRONMENTAL NEGLECT

a) Definition

Environmental Neglect

The child's person, clothing or living conditions are unsanitary to the point there is a likelihood of harm to the child's health, physical well-being or welfare. This may include, but is not limited to, infestations of rodents, spiders, insects, snakes, human or animal feces, rotten or spoiled food or rotten or spoiled garbage.

b) Taking a Report

- 1) A child is living in the conditions defined above due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)
- 2) Factors to be considered include:
 - A) Child Factors
 - i) Child's age?
 - ii) What is the child's developmental stage?
 - iii) Does the child have a physical condition?
 - B) Incident Factors
 - i) What is the severity of the conditions?
 - ii) What is the chronicity or pattern of similar conditions?

c) Investigating a Report

- 1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

- 2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

There are no additional activities specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

3) Required Documentation

- A) Evidence has been documented through observations and photographs that demonstrate that a child's person, clothing or living conditions are unsanitary to the point there is a likelihood of harm to the child's health, physical well-being or welfare.
- B) There has been a thorough identification and documentation of the specific environmental issues that pose harm or significant risk of harm to the child.
- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

Factors to be considered include:

- i) What is the age of the involved child?
- ii) Does the child have a medical condition; behavioral, mental or emotional problem; or disability or handicap that impacts their ability to seek help.
- iii) Is there a history or similar instances with this child or other children for whom the caregiver has been responsible?
- iv) What is the severity of the condition?
- v) Is there a previous history of abuse and/or neglect?

REPORTS OF CHILD ABUSE AND NEGLECT
October 9, 2015 – PT 2015.23

Allegation of Harm #83
MALNUTRITION (NON-ORGANIC)

a) Definition

Malnutrition

Malnutrition means the inadequate consumption of necessary and proper nutrition. Common causes of malnutrition are inadequate calorie consumption; inadequate intake of essential vitamins, minerals, or other micronutrients; and intoxication by nutrient excesses. Malnutrition typically occurs in children ages 3 and up. Children who are extremely obese where the obesity is causing life threatening conditions is also a form of malnutrition.

b) Taking a Report

A child is or was malnourished (non-organic) due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

A) A medical examination of the child is required for this allegation and shall not be waived if the child is an infant, is non-verbal, or is developmentally delayed. In a hospital setting, the Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- 3) Documentation Required
 - A) A documented medical diagnosis of non-organic malnutrition and all relevant medical records.
 - B) To make a finding of neglect (**Allegation #83**), documentation has been obtained that verifies the child was malnourished as a result of blatant disregard by an eligible perpetrator.
 - C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

There are no additional factors specific to this allegation.

REPORTS OF CHILD ABUSE AND NEGLECT
October 9, 2015 – PT 2015.23

Allegation of Harm #84
LOCK-OUT

a) Definition

Lock-Out

A child is considered “locked out” when the parent or caregiver has denied the child access to the home *and* has refused or failed to make provisions for another living arrangement for the child where immediately prior to the report the child was:

- **OPTION A**

At the police station, a CCBYS (Comprehensive Community Based Youth Services) provider, school or another location in the community.

- **OPTION B**

Psychiatrically hospitalized.

- **OPTION C**

In a correctional facility (Department of Juvenile Justice, jail, local detention center).

b) Taking a Report

A child has been/is locked out of his/her home, excluding a CCBYS placement, due to the blatant disregard of caregiver responsibilities by a parent or other person responsible for the child’s welfare (NEGLECT)

c) Investigating a Report

The Child Protection Specialist must initiate the investigation by seeing the victim within **24 hours** of the initial report. If the lock out cannot be resolved within **48 hours**, the Child Protection Specialist, in consultation with the Child Protection Supervisor, shall take the victim into protective custody.

1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

REPORTS OF CHILD ABUSE AND NEGLECT
October 9, 2015 – PT 2015.23

- A) Within 24 hours, the Child Protection Specialist shall discuss with the youth services agency providing services to the youth the following:
- The status of the child with the agency;
 - The circumstances of the allegation;
 - The agency's activities related to the youth's placement; and
 - Contact information for the youth's relatives.
- B) Convene a child and family meeting, to include the youth services agency, within **48 hours** of the initial report, excluding weekends and holidays.
- C) Interview anyone who has provided an alternative living arrangement for the alleged victim in the past.
- D) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 2) Required Activities:
- All investigative activities must be documented in a contact or case note within 48 hours.**
- A) A clinical staffing may be convened within 48 hours of primary assignment if clinically indicated for Options A and C, but is **required for Option B.**
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.
- 3) Required Documentation
- A) Document the parent's/caregiver's statement that they refuse to allow the alleged victim access to the home and refuse to make an alternative living arrangement for the child.
- B) Documentation of the alleged victim's interview.
- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

4) Assessment of Factors and Evidence to Determine a Finding

Adolescent victims of this allegation may exhibit violent, threatening behavior, dangerous criminal activity or serious mental illness, which may be the primary cause of their problems in the home. The lock-out may reflect parental inability to independently access the necessary correctional, therapeutic or structured setting services (e.g. MRAI, ICG, IEP, etc.). The following factors should be considered in determining whether the available evidence substantiates a finding of neglect:

- i) What is the age of the alleged victim?
- ii) Is the alleged victim currently hospitalized or recently discharged from a psychiatric facility?
- iii) Has the alleged child victim recently been discharged from a correctional facility?
- iv) If the youth's parent alleges that the youth has a history of serious psychiatric problems, can the parents produce documentation of numerous attempts to secure services for the youth (e.g. past hospitalizations, treatment, counseling, etc.)?
- v) Was the alleged victim cooperative with past services?
- vi) Is there a documented history of serious, violent behavior toward family members?
- vii) Is the alleged victim a juvenile sex offender with siblings or other children in the home?
- viii) Is the alleged victim currently the subject of a police investigation or a delinquency petition?
- ix) Have the parents already tried informal alternate living arrangements that have failed due to the alleged victim's behavior?
- x) Has the alleged victim previously been referred as a MRAI?
- xi) Does the alleged victim express a willingness to return to the home or remain and participate in recommended services?
- xii) Has a professional suggested to the parents that the alleged victim needs residential placement services that can be provided by DCFS?

Note: If factors indicate that the evidence suggests that neglect has not occurred and the living arrangement for the youth remains unresolved, the Child Protection Specialist must assist in linking the family with the appropriate service system (e.g. MRAI, mental health/SASS, etc.). A no-fault dependency should be considered if the situation is unresolved and the Child Protection Specialist has obtained a clinical consultation.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

Allegation of Harm #85

MEDICAL NEGLECT OF DISABLED INFANTS

a) Definition

Medical Neglect

Medical neglect of a disabled infant means the withholding of appropriate nutrition, hydration, medication or other medically indicated treatment from a **disabled infant with a life-threatening condition**. Medically indicated treatment includes medical care which is most likely to relieve or correct all life-threatening conditions and evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants. Other types of treatment are **not** medically indicated when:

- The infant is chronically and irreversibly comatose;
- The provision of the treatment would be futile and would merely prolong dying; or
- The provision of the treatment would be virtually futile and the treatment itself would be inhumane under the circumstances.

In determining whether treatment will be medically indicated, reasonable medical judgments such as those made by a prudent physician knowledgeable about the case and its treatment possibilities will be respected. Opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated.

Note: Whenever a hospital has an Infant Care Review Committee, Department Child Protection staff or the Perinatal Coordinator will consult with the committee and will document in writing any disagreements with the committee's recommendations and the reasons for them. **(Refer to Procedures 300, Appendix C)**

b) Taking a Report

- 1) A disabled infant has not received/is not receiving medically indicated treatment (includes appropriate nutrition, hydration, and medication and independent evaluations and consultations) due to the blatant disregard of caregiver responsibilities by a parent, caregiver or other person responsible for the child's welfare. (NEGLECT)

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- 2) Factors to be considered include:
- A) What is the infant's physical condition?
 - B) What is the seriousness of the current health problem?
 - C) What is the probable medical outcome if the current health problem is not treated and the seriousness of that outcome?
 - D) What are the generally accepted medical benefits of the prescribed treatment?
 - E) What are the generally recognized side effects/harms associated with the prescribed treatment?
 - F) What are the opinions of the Infant Care Review Committee (ICRC) if the hospital has an ICRC?
 - G) What is the judgment of the DCFS nurse regarding whether treatment is medically indicated and whether there is credible evidence of medical neglect?
 - H) What is the parent's knowledge and understanding of the treatment and the probable medical outcome?
 - I) If a physician notifies SCR that protective custody has been taken because the parent/caregiver's religious beliefs do not permit them to consent to necessary medical care, the information must be transmitted to the local State's Attorney's Office without intervening investigation, unless there is additional information supporting other allegations of abuse or neglect.

c) Investigating a Report

- 1) Required Contacts:

All contacts and attempted contacts must be documented in a contact note within 48 hours.

- A) Consult with the DCFS nurse.
- B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

2) Required Activities:

All investigative activities must be documented in a contact or case note within 48 hours.

- A) A medical examination of the child is required for this allegation and shall not be waived. In a hospital setting, the Child Protection Specialist should request that the treating physician or nurse complete a diagram supplied by the hospital or use the **CANTS 2A/B**.
- B) The Child Protection Specialist shall complete a DCFS nurse referral and refer to **Procedures 300.100, Medical Requirements for Reports of Child Abuse and Neglect**, for guidance in involving the DCFS Regional Nurse.
- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Documentation Required

- A) Documented medical diagnosis of the medical neglect of a disabled infant and all relevant medical records.
- B) To make a finding of neglect (**Allegation #85**), documentation has been obtained and it is determined the disabled infant was medically neglected as a result of blatant disregard by an eligible perpetrator.
- C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Finding

Factors to consider include:

- What is the infant's medical condition?
- What is the seriousness of the child's current health problem?
- What are the probable medical outcomes if the current health problem is not treated and the seriousness of that outcome?

REPORTS OF CHILD ABUSE AND NEGLECT

October 9, 2015 – PT 2015.23

- What are the generally accepted medical benefits of the prescribed treatment?
- What are the generally recognized side effects/harms associated with the prescribed treatment?
- What are the opinions of the hospital Infant Care Review Committee (ICRC), if available?
- What is the assessment of the DCFS nurse regarding whether treatment is medically indicated and whether there is credible evidence of medical neglect?
- What is the parent's knowledge and understanding of the treatment and the probable medical outcome?
- What is the assessment of the parent's ability to understand and/or put the child's medical treatment/management plan into practice?